

*The Commonwealth of Massachusetts*  
*Board of Elevator Regulations*  
*One Ashburton Place, Room 1301*  
*Boston, Massachusetts 02108-1618*  
*Phone (617) 727-3200*  
*Fax (617) 248-0813*

**PETITION FOR VARIANCE**

The Board of Elevator Regulations  
John W. McCormack State Office Building  
One Ashburton Place - Room 1301  
Boston, Massachusetts 02108-1618

**NOTE: \$50.00 FILING FEE PAYABLE TO THE  
"COMMONWEALTH OF MASSACHUSETTS"**

In accordance with the Provisions of Chapter 439 of the Acts of 1959, petition is hereby made for a variance from the provisions of

(indicate specific law, code or rule or regulation relating to installation or alteration of elevator(s))

State the reason(s) for this petition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & address of installation: \_\_\_\_\_

Was permit applied for?

☐

yes

☐

no

Signed \_\_\_\_\_  
Petitioner

INSPECTOR HAVING JURISDICTION

**PLEASE PRINT NAME LEGIBLY**

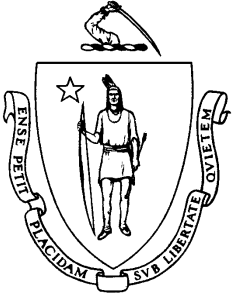
Address \_\_\_\_\_

Date received \_\_\_\_\_

City/Town

State

Zip Code



*The Commonwealth of Massachusetts*  
*Board of Elevator Regulations*

*One Ashburton Place, Room 1301*

*Boston, Massachusetts 02108-1618*

*Phone (617) 727-3200*

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**APPEAL**

The Board of Elevator Regulations  
John W. McCormack State Office Building  
One Ashburton Place - Room 1301  
Boston, Massachusetts 02108-1618

**NOTE: \$50.00 FILING FEE PAYABLE TO THE  
"COMMONWEALTH OF MASSACHUSETTS"**

In accordance with the Provisions of Chapter 439 of the Acts of 1959, an appeal is hereby made from the \_\_\_\_\_ of \_\_\_\_\_ of  
interpretation-order-requirement-direction Inspector

\_\_\_\_\_ relative to the installation, alteration or proposed installation of an elevator  
city, town or state

located at \_\_\_\_\_, \_\_\_\_\_.  
address city/town

Said \_\_\_\_\_ is as follows:  
interpretation-order-requirement-direction

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Name & address of installation: \_\_\_\_\_

Date on which service or notice was received from inspector: \_\_\_\_\_

**Appellant's Signature typed or printed**

Signed \_\_\_\_\_

Appellant

Address \_\_\_\_\_

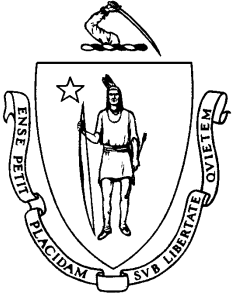
Date received \_\_\_\_\_

City/Town

State

Zip Code

Telephone # ( ) \_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Board of Elevator Appeals*  
*One Ashburton Place, Room 1301*  
*Boston, Massachusetts 02108-1618*  
*Phone (617) 727-3200*  
*Fax (617) 248-0813*

**APPEAL**

The Board of Elevator Appeals  
John W. McCormack State Office Building  
One Ashburton Place - Room 1301  
Boston, Massachusetts 02108-1618

In accordance with the Provisions of Chapter 439 of the Acts of 1959, an appeal is hereby made from the \_\_\_\_\_ of the Board of Elevator Regulations relative to the installation, \_\_\_\_\_ decision

alteration or proposed installation of an elevator located at:

\_\_\_\_\_, \_\_\_\_\_  
address city/town

Said \_\_\_\_\_ is as follows:  
decision

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Date on which decision or notice was received from the Board of Elevator Regulations \_\_\_\_\_.

**Appellant's Signature typed or printed**

Signed \_\_\_\_\_

Appellant

Address \_\_\_\_\_

Date received \_\_\_\_\_

City/Town

State

Zip Code

Telephone # ( ) \_\_\_\_\_